

## DEALING WITH MEDICAL CONDITIONS POLICY

### 1. AUTHORISATION

This policy was adopted by the Dawson Street Child Care Co-operative (DSCCC), at a committee meeting on 24 May 2017.

### 2. REVIEW DATE

This policy will be reviewed in June 2021 or sooner if required.

### 3. POLICY STATEMENT

#### PURPOSE

This policy will provide guidelines for DSCCC to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at DSCCC
- DSCCC practices support the enrolment of children and families with specific health care requirements.

#### VALUES

DSCCC is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of DSCCC are protected from harm
- informing educators, staff, volunteers, children and families on the importance of adhering to *DSCCC's Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

### 4. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Dawson Street Child Care Co-operative, including during offsite excursions and activities.

This policy should be read in conjunction with:

- *DSCCC's Anaphylaxis Policy*
- *DSCCC's Asthma Policy*
- *DSCCC's Diabetes Policy*

- *DSCCC's Epilepsy Policy*
- *DSCCC's Administration of Medication Policy*

## **5. BACKGROUND AND LEGISLATION**

### **Background**

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose and frequency of administration and clear indication of the expiry date of the medication.

Refer to the *DSCCC's Administration of Medication Policy* for more information.

Educators/staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously; and/or
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by DSCCC, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at DSCCC.

Parents/guardians and DSCCC should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at DSCCC.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010: Section 173*
- *Education and Care Services National Regulations 2011: Regulations 90, 91, 96*

- *Health Act 1958*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
  - Standard 2.1: Each child’s health is promoted
    - Element 2.1.1: Each child's health needs are supported
      - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard, Quality Area 7: Leadership and Service Management*
  - Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community
    - Element 7.1.2: The induction of educators, co-ordinators and staff members is comprehensive
- *Occupational Health and Safety Act 2004*

## 6. DEFINITIONS

- **Emergency call informational card:** that DSCCC has completed containing all the information that Ambulance Victoria will request when phoned. Details on how to make a 000 phone call can be accessed via:card can be downloaded from <http://ambulance.vic.gov.au/community-education/education/calling-an-ambulance/>
- **Communication plan:** A plan that forms part of the policy and outlines how DSCCC will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at DSCCC.
- **Hygiene:** The principle of maintaining health and the practices put in place to achieve this.
- **Medical condition:** In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.
- **Medical management plan:** A document that has been prepared and signed by a doctor that describes symptoms, known precipitants/causes, clear instructions on action and treatment for the child’s specific medical condition, and includes the child’s name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.
- **Risk minimisation:** The implementation of a range of strategies to reduce the risk of an adverse affect from the mismanagement of a specific medical condition at DSCCC.
- **Risk minimisation plan:** A service-specific plan that details each child’s medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with educators/staff at DSCCC upon enrolment or diagnosis of the condition (refer to the *DSCCC’s Anaphylaxis Policy* for a sample risk minimisation plan).

## 7. SOURCES AND RELATED POLICIES

### Sources

- National Health and Medical Research Council (2013), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at

<https://www.nhmrc.gov.au/guidelines-publications/ch55> or email

nhmrc.publications@nhmrc.gov.au. (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)

- *Health and Safety in Children's Services, Model Policies and Practices*, 2nd Edition (2003): <http://cccncsw.org.au/wp-content/uploads/CCModelPoliciesFinal.pdf>

### **Related DSCCC policies**

- *Administration of Medication and First Aid Policy*
- *Diabetes Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *HIV/AIDs and Hepatitis Policy*
- *Illness, Infectious Disease and Emergency Care Policy*
- *Supervision of Children Policy*
- *Privacy and Confidentiality Policy*

## **8. PROCEDURES**

### **The Director is responsible for:**

- ensuring that all educators/staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within DSCCC
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and educators/staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation
- ensuring relevant educators/staff receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs
- ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by DSCCC
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines
- ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at DSCCC
- ensuring that a risk minimisation plan (refer to *DSCCC's Anaphylaxis Policy* for a sample risk minimisation plan) is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually

- ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant DSCCC policies.
- implementing this policy at DSCCC and ensuring that all educators/staff follow the policy and procedures set out within
- ensuring that the *Emergency call information* is displayed near all telephones
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training
- ensuring staff involved in food preparation, food service and relief work are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and DSCCC's procedures for dealing with emergencies involving allergies and anaphylaxis
  - ensuring a copy of the child's medical management plan is visible and known to staff at DSCCC. Prior to displaying the medical management plan, the Director must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *DSCCC's Privacy Policy*)
  - ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
  - administering medications as required, in accordance with the procedures outlined in the *DSCCC's Administration of Medication Policy*
  - maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within DSCCC.

**Educators/staff are responsible for:**

- ensuring that children do not swap or share food, food utensils or food containers
- communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Director to ensure all information held by the DSCCC is current
- being aware of individual requirements of children with specific medical conditions
- monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Director
- adequately supervising all children, including those with specific medical conditions
- informing the Director of any issues that impact on the implementation of this policy
- ensuring staff involved in food preparation, food service and relief work are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis

**Parents/guardians are responsible for:**

- informing DSCCC of their child's medical conditions, if any, and informing DSCCC of any specific requirements that their child may have in relation to their medical condition
- developing a risk minimisation plan with DSCCC
- providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs
- meeting the cost of training staff to perform specific medical procedures as relevant to their child, as required

- notifying the Director of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- informing the Director of any issues that impact on the implementation of this policy by the service.

## 9. EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Management Committee and Director will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of DSCCC's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

Date Reviewed	Details of Changes (if any)	Date of Next Review
June 2017	Minor updates	June 2021
June 2013	New Policy	June 2017

## RISK MINIMISATION PLAN

How well has the children's service planned for meeting the needs of children with allergies who are at risk and with a medical condition requiring extra care?		
1. Who are the children?	<ul style="list-style-type: none"> <li>List name and room location of each of the at risk child</li> </ul>	
2. What are they allergic to?	<ul style="list-style-type: none"> <li>List all of the known allergens and risk factors for each of the at risk children</li> </ul>	
	<ul style="list-style-type: none"> <li>List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure</li> <li>All staff are aware of where each child's medical management plan and medication (including expiry) are located</li> </ul>	<p>Dawson Street is a nut aware centre and there is a warning notifying all who attend that there may be children attending who are anaphylactic</p> <p>Information is written on each child's medical management plan On induction all staff are given information on all relevant medical conditions policies</p>
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none"> <li>List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children.</li> <li>Confirm where the child's Medical Management Plan (including the child's photograph) will be displayed</li> </ul>	<p>Medical management plans with photos are visible in all rooms. Relief staff/students are directed to this when they start work</p>

### DO FAMILIES AND STAFF KNOW HOW THE SERVICE MANAGES THE RISK OF MEDICAL CONDITIONS?

Record when each family of an at risk child is provided a copy of the service's Anaphylaxis policy	At the enrolment and when we update the policy
Record when each family member provides appropriate medication	
All staff, including relief staff, know where medication and medical management plans are kept for each at risk child	..... Epipen Kit is located in the ....., next to the .....and is accessible to staff at all times
Regular checks of the expiry date of each child's medication are undertaken by nominated staff member and the families of each at risk child. An educator in the room has been designated to check medication expiry date.	Expiry dates are written on each child's medical management plan and the location of where to find it
Procedures to be followed to minimise the risk of exposure to a known allergen. <ul style="list-style-type: none"> <li>Food packaging of risk foods is kept separate and in labelled containers</li> <li>Food Safety and Hygiene Policy will be followed by staff when serving food</li> </ul>	
If the food allergens change.	Families will notify staff verbally as soon as possible and staff will document on the changes to medical management plan form

	located in Individual Medical Book
Ensure all families are aware of the policy that no child who has been prescribed an EpiPen is permitted to attend the service without that EpiPen	As per policy the EpiPen Kit stays at the centre
The service displays the ASCIA generic poster in key locations, and emergency call information posters near all telephones	Ascia posters up in hallway, staffroom and office
Medication is taken on all outings attended by the at risk child	Yes. When DSCCC does the fire drill or excursions all medication baskets are taken with educators
The service ensures there is a first aid officer on duty at all times	All staff have up to date anaphylaxis and asthma training. This was updated in 2016.

**DO ALL STAFF KNOW HOW THE CHILD'S SERVICE AIMS TO MINIMISE THE RISK OF A CHILD BEING EXPOSED TO AN ALLERGEN?**

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (see following section for possible exposure scenarios and strategies)	
Menus are planned in conjunction with parents/guardians of at risk children <ul style="list-style-type: none"> <li>Food for the at risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens</li> <li>As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is at risk</li> <li>The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen</li> </ul>	The menu is prepared with parents advice and Medical management plan, avoiding inclusion of peanuts and eggs
Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens	Educators to use tongs when serving the children Separate containers for food for children with allergy
Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child	
Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her	Sema labels individual meals with name and photo cards
NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby	
Ensure each child enrolled at the service washes his/her hands upon arrival at the service, before and after eating	Educators encourage the children's to wash their hands at arrival and departure, parents are also reminded to encourage the children to wash their hand on arrival
Teaching strategies are used to raise awareness of all children with known anaphylaxis and no food sharing with the at risk child/ren and the reason for this	Educators discuss this with children at mealtimes, staff sit with children during mealtimes as well
Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name	Bottles are clearly labelled with names
Educators may consume foods that could contain ingredients	Staff will wash hands and rinse



dangerous to at risk children	mouth before returning to work
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DO RELEVANT PEOPLE KNOW WHAT ACTION TO TAKE IF A CHILD HAS AN ANAPHYLACTIC REACTION?

Know what each child's Action Plan says and implement it	All the educators
Know who will administer the medication and stay with the child;	Familiar staff member to minimise distress of child
Who will telephone the ambulance and the parents;	Director
Who will let the ambulance officers into the service and take them to the child	Director
Ensure the supervision of the other children;	All staff in the room not administering medication
All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions	All DSCCC Staff have training Please see staff training records on file

HOW EFFECTIVE IS THE SERVICE'S RISK MINIMISATION PLAN?

Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure	
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POSSIBLE EXPOSURE SCENARIOS AND STRATEGIES

Scenario	Strategy	Who
Food is provided by the child's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of the at risk child/ren and food is prepared according to parents instructions.	Cook, educators in room, Director, Parent
	Ensure separate storage of foods containing allergens	Director, Cook and educators in the room
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.	Cook & Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her.	Cook educators and Director & Staff
	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Educators
	Children are supervised during eating	Educators
Party or celebration	Give plenty of notice to families about the event	Director, educators
	Ensure a safe treat box is provided for	Parent/Staff

	the at risk child	
	Due to the Food Safety program and allergies, families are not allowed to provide food	Director, educators
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Educators
	Decrease the number of plants that attract bees	Director and educator
	Ensure the at risk child wears shoes at all times outdoors	Educators in the room
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects	Pest Control every term
Latex allergies	Avoid the use of party balloons or contact with latex gloves	We will avoid using these products should the need arise

I acknowledge that I have read and understood this document.

DIRECTOR: \_\_\_\_\_  
 (name) (sign)

PARENT: \_\_\_\_\_  
 (name) (sign)